U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

F	or Official Use Only	
	or Official Use Only	
_	(MO155000)	
E	QLMS OF	

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

	· · · · · · · · · · · · · · · · · · ·	
1. File Number U . 57.5 2		2. Fiscal Year Covered From:
		01/01/04 Through: 12/30/04
Name and address of person filing.		4. Name, file number, and address of labor organization.
Name	WILLIAM GOBLE GARRETT, III	Name IRON WORKERS LOCAL#103 Labor Organization File Number 039494
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any
Street	2201 E. VIRGINIA ST.	Street 5313 OLD BOONVILLE HWY.
City	EVANSVILLE	City EVANSVILLE
State	IN ZIP Code +4 47711	State IN ZIP Code + 4 47715
5. Position in labor organization. APPRENTICESHIP COORDINATOR, PRESIDENT, DELEGATE TO DISTRICT COUNCIL OF ST. LOUIS AND VICINITY		

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transact monetary value from an employer whose	ions (including loans) with, o e employees your organiza	r derived income or other economic benefit of tion represents or is actively seeking to represent.	
6. Name and address of Employer (including tra	ade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street		7.b. Amount.	
City			
State	ZIP Code + 4		

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)
, , , , , , , , , , , , , , , , , , , ,

Signed Will & Laut and and

on 7-6-05

3'1 2-4']'\7-531\7 Telephone Number

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with: Putham Iguestments	
Name IRON WORKERS LOCAL # 103	a. Labor Organization	
Trade Name, if any:	(b. Trust)	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 5313 OLD BOONVILLE HWY.		
City EVANSVILLE		
State IN ZIP Code + 4 47715		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. Delegate to District Council of St Louis &	
Name Mr. William J. Erlandson	Vicinity Reviewed LOCAL #103	
Trade Name, if any: Putnam Defined Conteibution Plans Investors Way P.O. Box, Bldg., Room No., if any	Investments on Annuty market.	
Street In vestors Way	11.b. Approximate dollar value of such dealing.	
city Norwood	12.a. Nature of interest held or income received.	
State MA. ZIP Code + 4 O2062		
	12.b. Amount.	
	or nade A and B above)	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	y or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City	·	
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with: District Council of St. Louis & Vicinity
Name IRON WORKERS LOCAL # 103	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bidg., Room No., if any	c. Employer
Street 5313 OLD BOONVILLE HWY.	
City EVANSVILLE	
State IN ZIP Code + 4 47715	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. Tatern Ation L Union
Name Mr. James HAthman	TRAde Show in St. Louis
Trade Name, if any: I RON WORKERS District Council of St. Louis	HAR demonstration Booth of tools & procedures of union
P.O. Box, Bldg., Room No., if any	Idonworker 4-21-04
Street 3544 WATSON Rd.	11.b. Approximate dollar value of such dealing.
city St. Louis	12.a. Nature of interest held or income received.
State WO. ZIP Code + 4	
63139	
·	12.b. Amount.
C. Received from any employer (other than an employer covered und	er parts A and B above)
or from any labor relations consultant to an employer any payment of money	y or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	•
State ZIP Code + 4	<u></u>
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Form LM-30 (2003)

File Number U-

Page 2 of 2

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name IRON WORKERS LOCAL # 103 Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 5313 OLD BOONVILLE HWY. City EVANSVILLE State IN ZIP Code + 4 47715	9. Business deals with: District Council of St. Louis & Vicinity a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name ME. JAMES HATH IN AN Trade Name, if any: IRON WORKERS DISTRICT COUNCIL OF St. LOWIS P.O. Box, Bldg., Room No., if any Street 3144 WATSON ROAD City St. Lowis State MO. ZIP Code + 4 63139	11.a. Nature of such dealing. Or wher for the Delegates Attending International National Apprenticeship Competition SAN Francisco, CAIF. 9-14-04 11.b. Approximate dollar value of such dealing. 480.00 12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone) 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filling WILLIAM GOBLE GARRETT, II	I Pis Namos.	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise		
dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with: ARK Investments	
Name IRON WORKERS LOCAL # 103	a. Labor Organization	
Trade Name, if any:	(b. Trust)	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 5313 OLD BOONVILLE HWY.		
City EVANSVILLE		
State IN ZIP Code + 4 47715		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. Delegate to District Council of St. Lou	
Name Or Charles Tapics	Wainte Periened a	

ade Name, if any: ARK ASSET MAN Agement O. Box, Bldg., Room No., if any	INvestment how the M NAS Flue bunted. 12-10
street 125 Broad St.	11.b. Approximate dollar value of such dealing.
city New York, N.Y.	12.a. Nature of interest held or income received.

ZIP Code + 4 10004-

12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4 State 14.b. Amount of payment. ? or Consultant 13.b. Is the Business an Employer

State N.Y

೮೦